



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

SELECT PHYSICAL THERAPY
4716 GETTYBURG ROAD
MECHANICSBURG PA 17055

Respondent Name

ULLICO CASUALTY CO

Carrier's Austin Representative Box

Number 20

MFDR Tracking Number

M4-12-3476-01

MFDR Date Received

July 30, 2012

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "...Explanation: The above mentioned patient's claims processed and paid but denied certain codes for CCI edits. The 97004 and 97140 codes on 9/7/11 and the 97110 codes on 12/8/11 denied because they were mutually exclusive to the 97150 code billed. The claim forms billed contained the required 59 modifiers to process and pay..."

Amount in Dispute: \$230.27

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Clinical Validation has reviewed and has determined per the CCI (Correct Coding Initiative) edits, the 97530 was denied as mutually exclusive to 97140 appropriately. One of the codes needed to be denied since both codes should not be allowed in the same session and in this case the lesser value code was denied."

Response Submitted by: Gallagher-Bassett Services Inc

SUMMARY OF FINDINGS

| Dates of Service | Disputed Services | Amount In Dispute | Amount Due |
|-------------------|-----------------------------|-------------------|------------|
| September 7, 2011 | 97004-GO-59 and 97140-GO-59 | \$230.27 | \$0.00 |
| December 8, 2011 | 97110-GO-59 | | |

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 amended to be effective May 31, 2012, 37 Texas Register 3833, applicable to medical fee dispute resolution requests filed on or after June 1, 2012, sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203 sets forth the medical fee guideline for professional services.

3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanations of benefits (EOB)

- 811 – no description listed on EOB
- 330 – CCI comprehensive/compound procedures
- CCI – mutually exclusive procedure
- 236 – this procedure or procedure/modifier is not compensable with another procedure or procedure/modifier combination provided on the same day according to the National Correct Coding initiative
- 97 – the benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated

Issues

1. Are the billed codes mutually exclusive?
2. Did the requestor support the use of the -59 modifier?
3. Is the requestor entitled to reimbursement?

Findings

1. 28 Texas Administrative Code §134.203(b) states, “For coding, billing, reporting, and reimbursement of professional medical services, Texas workers’ compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules. The Correct Coding Initiative (CCI) edit for the disputed codes states in part, that procedure code 97760 and component procedure code 97004 are unbundled. The CCI edit also states in part, that procedure code 97760 and component procedure code 97140 are unbundled. The Standard Policy Statement reads ‘Standards of medical/surgical practice’. Per the CCI edit, the use of an appropriate modifier may be allowed. The billed codes 97760 and 97004 and 97760 and 97140 are mutually exclusive; however, the requestor appended modifier -59 to CPT codes 97004 and 97140.
2. The National Correct Coding Initiative (NCCI) defines Modifier -59 as follows: “to indicate that two or more procedures are performed at different anatomic sites or different patient encounters. It should only be used if no other modifier more appropriately describes the relationships of the two or more procedure codes. NCCI edits define when two procedure HCPCS/CPT codes may not be reported together except under special circumstances. If an edit allows use of NCCI-associated modifiers, the two procedure codes may be reported together if the two procedures are performed at different anatomic sites or different patient encounters. Modifier -59 and other NCCI associated modifiers should NOT be used to bypass an NCCI edit unless the proper criteria for use of the modifier is met. Documentation in the medical record must satisfy the criteria required by any NCCI-associated modifier used.”
28 Texas Administrative Code §133.307 amended May 31, 2012 states at (c) (2) (M) that the requestor is required to provide the following information and records with the request for MFDR: a copy of all applicable medical records related to the dates of service in dispute. The requestor did not submit medical records for review; therefore, the -59 modifier could not be substantiated.
3. The requestor is not entitled to reimbursement.

Conclusion

For the reasons stated above, the Division finds that the requestor has failed to establish that reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to \$0.00 reimbursement for the services involved in this dispute.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March , 2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute has a right to seek review of this decision in accordance with 28 Texas Administrative Code §133.307, effective May 31, 2012, *37 Texas Register 3833*, **applicable to disputes filed on or after June 1, 2012.**

A party seeking review must submit a **Request to Schedule a Benefit Review Conference to Appeal a Medical Fee Dispute Decision** (form **DWC045M**) in accordance with the instructions on the form. The request must be received by the Division within **twenty** days of your receipt of this decision. The request may be faxed, mailed or personally delivered to the Division using the contact information listed on the form or to the field office handling the claim.

The party seeking review of the MDR decision shall deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §141.1(d).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.